P18000091550

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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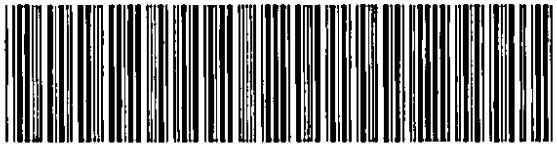

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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October 19, 2018

MARIA DEL CARMEN VALDES
8240 S.W. 95TH STREET
MIAMI, FL 33143 US

SUBJECT: MARIA CARMEN VALDES MD P.A.
Ref. Number: W18000090956

We have received your document for MARIA CARMEN VALDES MD P.A. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is .

P99000047358

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 818A00021432

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MARIA CARMEN VALDES MD P.A.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	■ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MARIA DEL CARMEN VALDES
Name (Printed or typed)

8240 S.W. 95th STREET
Address

MIAMI, FLORIDA 33143
City, State & Zip

786-302-6939
Daytime Telephone number

mariacvaldesmd@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MARIA CARMEN VALDES MD P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

MARIA DEL CARMEN VALDES

8240 S.W. 95th STREET MIAMI, FL 33143

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL DOCTOR, GENERAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA DEL CARMEN VALDES, PRES

Address 8240 S.W. 95th STREET
MIAMI, FLORIDA 33143

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: MARIA DEL CARMEN VALDES

Address: 8240 S.W. 95th STREET

MIAMI, FLORIDA 33143

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARIA DEL CARMEN VALDES

Address: 8240 S.W. 95th STREET

MIAMI, FLORIDA 33143

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X _____ OCTOBER 12,2018

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X _____ OCTOBER 12, 2018

Required Signature/Incorporator Date